

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT						
	IND	DEP	IND	DEP	IND	DEP					
1	/						51				
2	/						52				
3	/						53				
4	/						54				
5	/						55				
6	/						56				
7	/						57				
8	/						58				
9	/						59				
10	/						60				
11							61				
12							62				
13							63				
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38							88				
39							89				
40	/						90				
41	/						91				
42	/						92				
43	/						93				
44	/						94				
45	/						95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	12						TOTAL DEP.				
TOTAL CLAIMS	15						TOTAL CLAIMS				